FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	· ·		~11 0 11													
		(See instruction	Office use only													
1. NAME OF COMMITTEE (i	n full)	(Check if name is changed)	Example: In over the lin	typying, type es	12FE4M5											
ALLIED PILO	TS ASSOCIATION	POLITICAL AC	TION COMMI	TTEE,												
	<u> </u>															
ADDRESS (number an	d street)	0 Trinity Blvd														
(Check if add		e_500	<u> </u>	<u> </u>	<u> </u>											
is changed)		Worth			LŢX]	76155 2512										
COMMITTEE'S E-M	All ADDDESS		CITY		STATE▲	ZIP CODE ▲										
whaug@allie						ı										
<u> </u>	7 1 1 1 9 1 1															
					ш											
COMMITTEE'S WEI	B PAGE ADDRESS (U	IRL)														
www.alliedp	ilots.org															
COMMITTEE'S FAX 8173022119	NUMBER															
2. DATE M	M / D D / Y	2007														
3. FEC IDENTIFIC	ATION NUMBER	[C C002678	49												
4. IS THIS STATE	MENT X NEV	V (N) OR		AMENDED (A)												
I certify that I have example	mined this Statement and	I to the best of my kno	owledge and belie	f it is true, correct a	and complete											
Type or Print Name of	of Treasurer	WILLIAM C HAU	G, PAC TRE	SURER												
Signature of Treasure	er Electronically File	ed by WILLIAM	C HAUG, PA	C TREASURE	R _{Date} 07	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
NOTE: Submission of	false, erroneous, or incor	nplete information ma				-										
Office Use Only			Feder Toll F	Irther information al Election Commis ree 800-424-9530 202-694-1100		FEC FORM 1 (Revised 02/2003)										

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the ca information below.)	ndidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a (or subordinate) committee of the Rep	mocratic, ublican,etc.) Party.
	(e) X This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fun committee.	d or party
6.	Name of Any Connected Organization or Affiliated Committee	
	Mailing Address	
	CITY▲ STATE ▲ Z	IP CODE A
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organizatio	n
	Membership Organization Trade Association Cooperative	
	<u> </u>	

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Write or Type Committee Name

ALLIED DILOTO	ACCCCUATION DOLUTION	A OTION COMMITTEE
ALLIED PILOTS	ASSOCIATION POLITICAL	ACTION COMMITTEE

	ALLIED PILOTS AS	SOCIATION POLITICAL ACTION COMMITTER	E												
7.		Identify by name, address, (phone number ottee books and records.	optional), and position of th	e person in											
	Full Name														
	Mailing Address														
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A											
			elephone number												
8.	Treasurer: List the na name and address of	ame and address (phone number optional) of any designated agent (e.g., assistant treasurer)	the treasurer of the commi	ttee; and the											
	Full Name of Treasurer	LIAM C HAUG, PAC TREASURER	II C HAUG, PAC TREASURER												
	Mailing Address	14600 TRINITY BLVD #500													
		FT WORTH	TX	76155											
	Title or Position ♥	CITY A	STATE	ZIP CODE A											
			elephone number												
	Full Name of Designated Agent														
	Mailing Address														
	Title or Position ♥	CITY A	STATE A	ZIP CODE A											
			elephone number												

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds account safety deposit boxes or maintains funds.															ıts,	rer	nts																							
Name of Bank, Depository, etc.																																									
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	Mailing Address									L	L							1			L		L											L	L		L		L		
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